

**KANSAS SPECIAL HEALTH CARE NEEDS (KS-SHCN)
SFY 2018 AID TO LOCAL (ATL) GUIDANCE**

http://www.kdheks.gov/doc_lib/index.html

INTRODUCTION

The Kansas Department of Health & Environment is responsible for administering the Title V Maternal and Child Health (MCH) Services Block Grant for the State of Kansas [funded through the U.S. Department of Health & Human Services (HHS), Human Resources & Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)]. The MCH Block Grant and affiliated programs are organized within the Division of Public Health, Bureau of Family Health.

The Title V MCH Block Grant plays a key role in the provision of maternal and child health services in Kansas, including the Kansas Special Health Care Needs (KS-SHCN) program. Service or programs funded with Title V funding through the KS-SHCN program must support program priorities, outcomes, and measures while furthering identified mutual objectives and supporting respective responsibilities.

The KS-SHCN program promotes the functional skills of persons, who have or are at-risk for a disability or chronic disease. The program is responsible for the planning, development, and promotion of the parameters and quality of specialty health care in Kansas in accordance with state and federal funding and direction. SHCN provides specialized medical services to infants, children and youth up to age 21 who have eligible medical conditions. Additionally, the program provides services to persons of all ages with metabolic or genetic conditions screened through the Newborn Screening.

LEGISLATION AND SCOPE

Enacted in 1935 as a part of the Social Security Act, the Title V MCH Program is the Nation's oldest Federal-State partnership. Specifically, the Title V program seeks to:

1. Assure access to quality care, especially for those with low-incomes or limited availability of care;
2. Reduce infant mortality;
3. Provide and ensure access to comprehensive prenatal and postnatal care to women (especially low-income and at-risk pregnant women);
4. Increase the number of children receiving health assessments and follow-up diagnostic and treatment services;
5. Provide and ensure access to preventive and child care services as well as rehabilitative services for certain children;
6. Implement family-centered, community-based systems of coordinated care for children with special health care needs (CYSHCN); and
7. Provide toll-free hotlines and assistance in applying for services to pregnant women with infants and children who are eligible for Title XIX (Medicaid).

The 2016 Title V MCH Block Grant Application Guidance outlines the constructs of a service system for children and youth with special health care needs (CYSHCN). These include state program collaboration with other state agencies and private organizations, state support for communities, coordination of health components of community-based systems, and coordination of health services with other services at the community level. Additional information regarding these constructs may be found in **Appendix A: Kansas Block Grant Basics**.

Kansas statutes, K.S.A. 65-5a01 through K.S.A. 65-5a16 and K.S.A. 65-180, and regulations, K.A.R. 28-4-401 through 28-4-413 and 28-4-510 through 28-4-514, provide guidance to the program and services provided by the KS-SHCN program. Additionally, services provided through funding from the KS-SHCN program must align with state and federal program objectives and measures to be eligible for funding.

As a recipient of Title V Funding, the KS-SHCN program must adhere and comply with all requirements outlined in *Appendix A: Kansas Block Grant Basics*. The requirements for this funding opportunity are aligned with federal expectations and requirements and outlined throughout this document.

TARGET POPULATION FOR SERVICES

Activities must address needs of the children and youth with special health care needs (CYSHCN) population and is defined as children and youth, age birth through 21 years, “who have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.” It is not expected to limit services or supports under this grant proposal to those actively receiving services through the KS-SHCN program.

Services may be extended to adults over age 21 with genetic conditions screened for and diagnosed through the Kansas Newborn Screening program. A complete list of these conditions can be found on the KS Newborn Screening website at www.kdheks.gov/newborn_screening/index.html.

KS-SHCN ATL REQUIREMENTS

Higher standards of accountability prevail for the MCH Block Grant due to scarcity of resources from State, Federal and other funding sources. Funding sources require regular, in-depth review of performance and outcome measures, as well as evidence of progress (through use of data) toward outcomes for MCH and SHCN populations. A shift from direct services to community-based, population-based, and infrastructure building services has been identified at the state and federal level.

Applications for funding must clearly outline the type of service to be addressed by the activities within the proposal. Definitions can be found in *Appendix B: Title V 2016-2020 MCH Services Pyramid*.

Funding requests are reviewed through a healthy equity lens for alignment with the Title V/Bureau of Family Health and the Division of Public Health’s core values of: health equity, social and environmental determinants of health, life course approach, and systems integration. There is great interest in funding activities that will be implemented as part of a comprehensive approach with potential for improved population health.

The request for funds must clearly describe the activities and/or services to be provided and alignment with one or more of the outlined priorities, performance measures, populations, and types of service.

KS-SHCN began an extensive strategic planning process in July 2013 consisting of stakeholder meetings and engagement of families, medical providers, community partners, and program staff. The strategic planning process focused around four key principles: 1) increasing the value of the program for those served; 2) evaluating relevancy of program services offered for families; 3) evaluating cost effectiveness of direct and clinical services; and 4) identifying opportunities for improvement by utilizing quality improvement methodology. Through this process, five new priorities emerged: Cross-System Care Coordination, Addressing Family Caregiver Health Needs, Behavioral Health Integration, Training and Education, and Direct Health Care Services.

Projects submitted shall directly tie to one or more of the KS-SHCN priorities. Projects not aligned with the priorities will not be considered. These definitions have been developed to support applicants understanding of the KS-SHCN priorities.

Cross-System Care Coordination

Projects addressing this priority must show evidence of existing partnerships or the capacity and plan to build new partnerships, in support of cross-system communication, collaboration, planning and information sharing, referrals, and patient navigation.

DEFINITION: *“Patient and family-centered approach that utilizes team-based and assessment activities designed to meet the needs of children and youth while enhancing the capabilities of families. It addresses interrelated medical, behavioral, educational, social, developmental, and financial needs to achieve optimal health.”*

Family Caregiver Health

Projects addressing this priority must show evidence of capacity to address needs or provide support to family caregivers. Services must support the physical, emotional, social, or financial well-being of families.

DEFINITION: *“Supporting the physical, emotional, social, and financial well-being of families with CYSHCN, particularly that of the family caregivers. A family caregiver is any individual, including siblings, who supports and cares for another person and may or may not be a biological relative.”*

Behavioral Health Integration

Projects addressing this priority must show evidence of collaborative services for the prevention and treatment of emotional disorders. Services must support the functioning of children, youth, or families.

DEFINITION: *“Collaborative services for the prevention and treatment of emotional disorders that support the functioning of children, youth, and families in all settings, including home, community, school, and work. Efforts should be focused on keeping children in their home and/or community.”*

Direct Health Services and Supports

Projects addressing this priority must include services delivered one-on-one between a health professional and patient. This may include primary, specialty, or ancillary health services. This could also include the utilization of telehealth services. Only services that are not billable and/or reimbursable by private or public insurance are eligible for funding under this request. Sufficient evidence must be presented within the proposal that outlines the need for services, inability to bill/obtain reimbursement for services, and fill a specific gap in services for the KS-SHCN population.

DEFINITION: *“Services delivered one-on-one between a health professional and patient, which may include primary, specialty, or ancillary health services, such as: inpatient and outpatient medical services, allied health services, drugs and pharmaceutical products, laboratory testing, x-ray services, and dental care. Access to highly trained specialists or services not generally available in most communities may also be included in this definition.”*

Training and Education

Projects addressing this priority must clearly outline a specific training need among one or more of the following: families, community members, medical and community providers, local and state service programs, or legislators. Training and education projects must support diversity in the provision of services for the KS-SHCN population, and include a written plan for the provision and evaluation of training/education activities.

DEFINITION: *“Supporting diversity in the provision of services for the special health care needs (SHCN) population through training and education of families, community members, medical and community providers, local and state service programs, and legislators. This includes family and youth leadership development in building a stronger advocacy network in Kansas.”*

NOTE: When aligning your project with the above KS-SHCN Priorities, it is not necessary to write a response in areas that do not apply to your project. Simply mark that section with “N/A.” Reviewers have been guided to score all sections of the application that include a narrative. It is in your best interest to mark “N/A” if your project does not align and you are not planning to address that priority.

The objective of the KS-SHCN program is to support a comprehensive, quality system of care for children and youth with special health care needs (CYSHCN). As such, Title V desires collaborative relationships with partners, such as private insurers, state Medicaid and CHIP agencies, pediatricians and family physicians, community providers and service organizations, and families.

Preference will be given to applications who show desire and capacity to coordinate with public/private insurers, medical and community providers, developmental/children and family services, education, and other programs providing services and supports to the CYSHCN population or their families.

In March 2014, The Lucille Packard Foundation for Children’s Health and the Association of Maternal and Child Health Programs (AMCHP) released the “Standards for Systems of Care for Children and Youth with Special Health Care Needs,” a core set of structure and process standards for system of care for CYSHCN. This report can be found online at: <http://www.amchp.org/programsandtopics/CYSHCN/Documents/Standards%20Charts%20FINAL.pdf>. Highlights of this publication can be found in **Appendix C: Highlights of the Standards for Systems of Care for CYSHCN.**

Preference will be given to applications who show ability to address one or more of the system standards to meet the needs of CYSHCN and their families through community and population based services.

The applicants’ capacity must show ability to support a strong system of care, build infrastructure, and increase probability for long-term sustainability of improved services for CYSHCN, as related to the system standards.

FUNDING EXPECTATIONS AND LIMITATIONS

The following are allowable under this funding proposal:

- Any planning, implementation, and evaluation activities associated with the proposed project. Sub-grantees are allowed with prior approval and must be identified in the grant application and submitted budget.
- Administration and grant oversight, limited to no more than 10 percent of funds utilized for this purpose.
- Personnel/staff time for activities provided, with appropriate time and effort reporting.
- Indirects may be included in the budget at no more than 10%, unless supported by an indirect rate agreement approved by the federal government. If requesting indirects at an amount greater than 10%, a written request and government-approved indirect rate agreement must be submitted as an attachment in Catalyst.
- Clinical services are allowable only if provided by licensed professionals and are not eligible to bill insurance and/or Medicaid.
 - Clinical service providers are expected and required to bill insurance and/or Medicaid for services, pursuant to K.A.R 28-4-405.
 - In the event the clinical provider is not eligible to bill insurance and/or Medicaid, sufficient evidence outlining an exception to this requirement may be presented for consideration.

- Provider honorariums are not allowable if the provider is eligible to bill for services and are subject to KS-SHCN review and approval.

Local Match Requirement

A minimum of 25% is required for non-clinical activities under the grant application. Special consideration will be provided to those with a match greater than 25%. If the budget application does not include a match, your proposal will not be scored.

Sources that may be used for matching funds are: reimbursement for service from third parties such as insurance and Title XIX; client fees; local funds from non-federal sources; or in-kind contributions. In-kind contributions must be documented in accordance with generally accepted accounting principles. Records for tracking match must be made available for review, upon request.

Non-cash contributions or in-kind donations may be used to meet the required match. In-kind or non-cash support may include:

- Personnel/staff time, space, commodities, or services
- Contributions at a fair market value and documented in the organization accounting records

IMPORTANT: Non-allowable match funds include those associated with inpatient care or other funds used to match other federal, state, or foundation grants.

Completing the Application

If you are submitting multiple projects for your agency or organization, please contact our office for guidance as soon as possible. It is preferred that you complete an individual application, with separate budget, for each project. Unfortunately, challenges are presented for organizations submitting multiple projects, with multiple focus areas and lead contact persons. Therefore, an alternative process has been created. This will assure each project receives individual attention and opportunity for funding.

Grouping A: Administration and Management

In this section you will provide the general overview of your project. All sections are required. If you are uncertain if your project would need an IRB approval and would like to discuss prior to submission, please contact our office.

You must align your project to one of the three types of services and one of the five priority areas for the program. Failure to do this will result in the application not being considered. Your alignment in this section should directly correlate with the description of your project in Grouping D.

Your budget should reflect an annual budget and align with your response under Requirement A.1.2. If you select a multi-year project, please provide the detailed budget and budget justification for SFY18. You will also need to submit an Attachment in the main application page with a draft budget for subsequent funding years. Please note that it is expected that Year 1 funding be the maximum amount in the multi-year budget and that subsequent years the requested financial support would decrease. For example: Year 1 = \$50,000, Year 2 = \$35,000, Year 3 = \$20,000 and so on. This will assist us in determining the capacity of the program to fund a multi-year project.

Grouping B: Data and Information

If you are uncertain of the percentage of your target population, please provide an estimate and indicate as such by inserting “est” before the percentage. If you are interested in identifying that target population prior

to submission, please contact our office and we may be able to provide guidance on how to obtain or gather that information.

You must outline how you plan to collect AND analyze data in Strategy B.2. Please be sure to include both components to the data collection and reporting. If you are uncertain how to do this for your population, please indicate that you are requesting technical assistance from KS-SHCN in order to do so.

Grouping C: Evaluation

Outcome measures must be provided for the strategies in which a response or alignment is made. Please note the difference between an outcome and an output.

Outputs can be described as activities, services, methods, or approaches. For example: “The project will serve 100 people.”

Outcomes are the result, impact, or accomplishment from an output. For example: “Families served will experience fewer challenges or barriers to accessing needed services.”

The proposal must outline how the data will be utilized to monitor progress towards meeting the needs identified.

NOTE: It may be easiest to populate this section after you complete Grouping D: Interventions to Improve Public Health. Each priority/objective within this section requires the outcome measure to be included.

Grouping D: Interventions to Improve Public Health

This section includes objectives to address five priorities. The proposal must be aligned with at least one (1) objective. For objectives that do not apply, simply indicate “N/A.” Reviewers have been guided to score all sections of the application that include a narrative. It is in your best interest to mark “N/A” if your project does not align and you are not planning to address that priority.

For each objective, there are four responses that are needed: Impact, Strategies, Current Initiatives, New Partnerships. See below for some tips on completing these sections:

Describe how your project will address a specific need or population, as related to this objective. This is an opportunity for you to show the need for your work in this area. A strong proposal will include data that supports the need. Please indicate your data source as well. The response to this question should not include specific strategies, rather a generalization of the impact you can have. For example: Our community health assessment has identified that 50% of those in our community are uncertain where to find resources and feel that their medical/health needs are not being met.

Describe the strategies or activities you intend to implement throughout the project year. Include the specific outcome measure associated with the project. This section should clearly outline how you plan to impact the related objective. A strong proposal will include a work plan describing activities and an estimated timeline for completing the activities. The response to this question should also outline how the applicant will measure progress towards their goals. If a measurement is not available and must be developed the applicant should describe when they expect that the measurement will be developed.

Describe any current initiatives that align with or impact the proposed strategies under this objective. This section should describe internal and external initiatives related to the objective. A strong proposal will outline the steps taken to identify other initiatives that align with or impact the strategies proposed, including the lead partner for such activities. This section should not simply

outline the same activities proposed in the previous section. However, if there are no other related initiatives, an outline of the steps taken to identify this is desired.

Outline any new partnerships you feel need to be engaged to make the proposed strategies under this objective. This section should describe new partnerships needed or desired to enhance the proposed strategies. Existing partners should be described in previous sections, as related to the proposed strategies or current initiatives. A strong proposal would demonstrate the importance of partnerships to accomplish the proposed strategies.

Grouping E: Communications and Promotions

This section should demonstrate the applicants' understanding of the KS-SHCN Program and Kansas Resource Guide. Proposals should indicate how the strategies will support outreach and enhanced community awareness of the programs. Strong proposals will describe plans for assisting the KS-SHCN with outreach to families who could be served through the program, including the ability to track and monitor referrals made through the proposed activities.

Review and Award Timeline

All required information must be provided in order for the request to be reviewed, by March 15, 2017 and submitted online, accessible through Catalyst (www.catalystserver.com).

- For grantees receiving funding in SFY18, your administrative and program contacts will receive a Catalyst user name and password in advance. If a username and password has not yet been received, contact the Catalyst Operations Support Team (support@shpr.com) .
- New applicants can request a username and password by contacting: support@shpr.org
- Before starting your application, please complete the following training courses on Kansas TRAIN (ks.train.org):
 1. Catalyst Training 1: Catalyst Navigation (Course #1054439)
 2. Catalyst Training 2: Application Process Overview in Catalyst (Course #1054483)
 3. Catalyst Training 3: Application Management in Catalyst (Course #1054567)
 4. Catalyst Training 4: Applying for Funding Announcement(s) in Catalyst (Course #1054672)

Applications are available on January 15 and are due on March 15.

If further information or additional discussion is necessary to assure the needs and desired outcomes for both the requestor and KS-SHCN are addressed, you will be notified by email and provided with a timeline for response. If a response is not received, the application will not be considered.

Applicants will be notified, in writing, of approval or denial by May 15, 2017. Upon agreement of terms, a fully executed contract or agreement will be developed and submitted for approval and signature.

Grant activities are expected to follow the State Fiscal Year timeline and begin on or after July 1, 2017 and end on or before June 30, 2018. Multi-year projects are allowable and will be granted under certain circumstances. Requests for multi-year projects can be made by entering the start and end dates under A.1.2. "Outline the anticipated timeframe that SHCN funding will be utilized for the proposed activities." Attach a written request, dated and signed on organization letterhead, under A.1.2.

REPORTING REQUIREMENTS

Reports of activities and invoices of services that address MCH/KS-SHCN priorities, measures, outcomes, and indicators shall be submitted regularly throughout the grant period. Specific reporting requirements will be determined based

upon the funding request submitted and the KS-SHCN program needs. These details will be included in the contractual agreement. Reports and invoices shall be provided on the form(s) provided by the KS-SHCN program.

Generally, the following requirements will be expected of all accepted grantees. Specific details of reporting needs will be outlined in the contract, based upon information provided in the application.

Documentation or Reporting Requirements	Due Date
Revised Budget, if requested	Within 15 days of accepted grant application
Baseline Data Measures	Within 30 days of contract start date
Preferred Site Visit Dates	Within 30 days of contract start date
Affidavit of Revenues and Expenditures	Quarterly*
Individuals Served Data	Quarterly*
Narrative Progress Report	Quarterly*
Annual Report	Within 45 days of contract end date

**Items due quarterly will be due 30 days following the end of the quarter (July through September, October through December, January through March, April through June). These dates are applicable, regardless of contract start date.*

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**For information regarding the SHCN Program*

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**For information regarding the ATL Contract Process*

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**For information regarding the Title V Priorities and National Performance Measures*